Application or Docket Number

09-784773

									0 /-		011	1
		CLAIMS A	S FILED - (Column						SMALL ENTITY TYPE		OTHER THAN	
TOTAL CLAIMS							F	RATE	FEE	7	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		SIC FEE	E 370.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			i - mir	โ 🗸 เกล่านธ์ 20=		* 4		\$ 9=		OR	X\$18=	
IN	DEPENDENT C	LAIMS	m	minus 3 =				(4 <b>2</b> =		OR	X8 <b>#</b> =	
ML	ULTIPLE DEPEN	RESENT	-				1 <i>4</i> 5=		OR	-0-		
* 11	f the difference	e in column 1 is	less than zero, enter "0" in column 2				<u>L</u>	OTAL	<del> </del>	OR		<u> </u>
P-	11-03 C	CLAIMS AS A (Column 1)	AMENDED - PART II (Column 2) (Column 3)					SMALL ENTITY			OTHER SMALL	
Ì		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	HEST IBER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 21	Minus	** 0	2/		X	\$ 9=		OR	X\$18=	
AME	Independent	* 3 ENTATION OF MU	Minus	***	3	= -	X	48=		OR	X8 <b>V</b> =	
<u></u>	FIRST PRESE	ENTATION OF INC	JUIPLE DEF	PNDEIN	CLAlivi		+1	4 <b>8</b> =		OR	+2\$0=	
4	2 24						ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
<u>2</u> .	9-04	(Column 1)		(Colur		(Column 3)	·	···		•		
AMENDMENT B	and the second	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	MBER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	* 20	Minus	** 2	2/_	=	X	\$ 9=		OR	X\$18=	
AME	Independent	* 3 ENTATION OF MU	Minus	*** E	S AIM	=	X	4 <b>3</b> =		OR	X8 <b>0</b> =	
	FINOI FILLOC	NIAHON OF M.	JLIIFLE DE	ENULIT	CLAlivi		+1	4 <b>5</b> =		OR	+280=	
1	- 0 AY							TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
0'	29-04	(Column 1)		(Colun		(Column 3)						
AMENDMENT ®		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	IBER OUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 20	Minus	**3		= -	X	S 9=		OR	X\$18=	
AME	Independent	* 3	Minus	*** 2	3	= —	X <sup>4</sup>	12=		OR	X8 <b>4</b> =	
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			_				
*	If the entry in colur		4 <b>6</b> = ΓΟΤΑL		OR	+280= TOTAL						
**	If the "Highest Nur "If the "Highest Nu	ımber Previously Pa umber Previously Pa nber Previously Pai	aid For" IN THIS aid For" IN THIS	IS SPACE is IS SPACE is	is less thai is less tha	an 20, enter "20." an 3, enter "3."	ADDI <sup>*</sup>	T. FEE	propriate box		ADDIT. FEE	

	BEST AVAILABLE COPY												
	PATENT A	API	Application or Docket Number										
	PAIENIA		097-84773										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL EN	vmry □	OR	OTHER SMALL			
TOTAL CLAIMS			y		67 - K. J. 1845	C#		RATE	FEE	1	RATE	FEE	
FOF	}	NUMBER FILED		NUMBE	R EXTRA	7	BASIC FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			C( min	us 20=	٠	( )-	1	X\$ 9=		OR	X\$18=		
INDE	PENDENT CL	AIMS	minus 3 =				1	X40=		OR	X80≈		
MUL	TIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=		
• If the difference in column 1 is less than zero, enter "0" in column						olumn 2		TOTAL	358	OR	TOTAL		
CLAIMS AS AMENDED - PAF					T II nn 2) (Column 3)			SMALL ENTITY			OTHER THAN SMALL ENTITY		
NT (P	A STATE OF THE STA	CLAIMS REMAINING AFTER AMENDMENT		High NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA	7	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 9	Minus	2	20			X\$ 9=		OR	X\$18=		
AME	Independent	• /	Minus	***	3		4	X40=		OR	X80=		
خيا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	·	OR	+270=		
18-21-02 (Column 1)			and the second					TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)	(Column 2) (Column 3)				<u>3)</u>						
ENT 6		REMAINING AFTER AMENDMENT		NUM PREV	MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Totel	· 7_	Minus	6	RO			X\$ 9=		OR	X\$18=		
AME	Independent	· / _	Minus	•••	<u>z</u> _		4	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=		
9-02							TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE			
4,2	429-02 (Column 1)(Column 2) (Column 3)						A9911. FCE		-	NUUII.FEE			
R		CLAIMS REMAINING AFTER AMENDMENT	94.77 S	HIG NUI PREV	HEST MBER NOUSLY D FOR	PRESEN EXTRA	-	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	1.21	Minus		21			X\$ 9=		OR	X\$18=		
	Independent	. 3	Minus		3_	=		X40=	· ·	OR	X80=		
11,2	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>}</b>	<del></del>	ł ~"'	1	<del> </del>		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 8/00)

OR

+135=

+270=

ADDIT. FEE